

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1	X				
4	1	X				
5	1	X				
6		1				
7		1				
8	1	X				
9		1	X			
10		1	1			
11	1	X				
12	1	X				
13	1	X				
14	1					
15						
16		1				
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49						
50						
TOTAL IND.	16					
TOTAL DEP.	16					
TOTAL CLAIMS	06					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS